

## REDMOND TRIP REDUCTION INCENTIVE PROGRAM

# APPLICATION



### APPLICANT INFORMATION

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: **Redmond** State: **WA** Zip: **98052**

Contact Person: \_\_\_\_\_

Phone Number: **(425)** \_\_\_\_\_ Fax: **(425)** \_\_\_\_\_ Email: \_\_\_\_\_

**Is the Project Lead the same as the contact noted above? If not, please provide the following information:**

Project Lead Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

What is the primary business or activity at this location? \_\_\_\_\_

Total number of employees assigned to this location \_\_\_\_\_

Are you currently implementing a commute trip reduction program at your worksite? ☐ Yes ☐ No

### DESCRIPTION OF PROPOSED PROJECT OR PROGRAM

Project Title: \_\_\_\_\_

Project Description: (what will be implemented, including any incentives, memberships, additional staffing, and capital purchases)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this a new commute trip reduction program or an expansion or a current program? Explain.

\_\_\_\_\_  
\_\_\_\_\_

Who will perform the work that will be required to administer the program? \_\_\_\_\_

Will you require R-TRIP ETC Assistance? If yes, how many hours? \_\_\_\_\_

**Project Budget:** (Attach additional sheets, if necessary)

Incentives	\$ _____
Marketing materials	\$ _____
Other (specify)	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

(continued on back)

### R-TRIP Formula

If you are a small company of less than 100 employees, R-Trip will pay the first \$1,200 of your commute subsidy expenses and provide a 50% match above this amount!

If you are a medium size company of 100-500 employees, R-Trip will pay the first \$2,400 of your commute subsidy expenses and provide a 33% match above this amount!

If you are a large company of over 500 employees, R-Trip will pay the first \$3,600 of your commute subsidy expenses and provide a 25% match above this amount!

R-TRIP Funds Requested: (please refer to R-TRIP formulas) \$ \_\_\_\_\_

Employer Match: \$ \_\_\_\_\_

How many individuals will benefit from the program? What is the basis for this estimate? \_\_\_\_\_

What time frame is needed, after the assumed award of this project or program, until the project or program is implemented? \_\_\_\_\_

## EVALUATION

How will you determine the success of the program? (Check all that apply)

- ☐ # of new vanpoolers    ☐ # of new carpoolers    ☐ # of new transit riders    ☐ # of new bicyclists  
☐ # of new walkers    ☐ # of program participants    ☐ cost-effectiveness    ☐ # of commute trips reduced  
☐ Other (please specify) \_\_\_\_\_

What resources have you identified to continue the program, if successful? \_\_\_\_\_

## PROJECT PRIORITY

If you are applying for funds for more than one project or program, please prioritize the projects, in the event that one or more of your proposals cannot be funded.

- ☐ We are not applying for additional funds.  
☐ We have applied for additional funds and \_\_\_\_\_ is our first priority.

## OTHER COMMENTS

Signature of CEO or highest-ranking official at the organization submitting this application.

Signature \_\_\_\_\_ Printed name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

## PROGRAM ELIGIBILITY AND REQUIREMENTS

- ◆ Any Redmond employer, or combination of Redmond employers, with a business license with the City of Redmond, and have at least 2 employees working at a site in Redmond.
- ◆ Only those program costs associated with employees working within Redmond city limits are eligible.
- ◆ Businesses may not be able to profit monetarily on the R-TRIP portion of the match.
- ◆ Capital equipment purchases must be accompanied by a 3-year commitment to the program, or will include a proportionate payback to the City for equipment purchased.
- ◆ Employer will apply for one year of project funding at a time.
- ◆ Funds are not intended to replace current funding for existing programs.
- ◆ The R-TRIP program does not guarantee that a project will be approved and reserves the right to determine which program requests are funded and to what degree.
- ◆ All costs are approximate. May vary due to nature of specific program.
- ◆ Employer will participate in program evaluation.



### REDMOND TRIP REDUCTION INCENTIVE PROGRAM

All R-TRIP programs are funded by the City of Redmond Business Transportation Tax Improvements (BTTI) and by King County Metro. For more information, call the R-TRIP Commute Assistance Office at (425) 702-8001, ext. 202 or visit our website at [www.GOrtrip.com](http://www.GOrtrip.com).

